

CRITERIA FOR PRIOR AUTHORIZATION

Consensi™ (amlodipine/celecoxib) - Step Therapy

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: All dosage forms of the following medications will require prior authorization.
Amlodipine/celecoxib (Consensi™)

CRITERIA FOR INITIAL APPROVAL: (must meet all of the following)

- Patient has a diagnosis of both hypertension AND osteoarthritis
- Patient must have a trial of concurrent use of amlodipine and celecoxib as individual agents for at least 90 days in the past 120-day period
 - Prescriber must provide documentation of all previous medication trials. Documentation must include the medication name(s), trial date(s) and outcome(s) of the trial (i.e. inadequate response, intolerance or contraindication).

CRITERIA FOR RENEWAL:

- Prescriber must attest that the patient has received clinical benefit from continuous treatment with the requested medication.

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE